

Robert A. Garcia  
Name  
2613 Redwood St.  
SENM 87507  
Address

FILED *AR*  
UNITED STATES DISTRICT COURT  
DISTRICT OF NEW MEXICO

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UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO

Robert A. Garcia, Plaintiff  
(Full Name)

CASE NO. CV 18-47  
(To be supplied by the Clerk)

v.

United States of America Defendant(s)  
US Department of Veterans Affairs

CIVIL RIGHTS COMPLAINT  
PURSUANT TO 42 U.S.C. § 1983

A. JURISDICTION

1) Robert A. Garcia, is a citizen of New Mexico  
(Plaintiff) (State)  
who presently resides at 2613 Redwood St.  
(Mailing address or place of confinement)  
Santa Fe, New Mexico 87507

2) Defendant <sup>USA</sup> US Department of Veterans Affairs is a citizen of  
(Name of first defendant)  
Washington DC, and is employed as  
(City, State)

\_\_\_\_\_. At the time the claim(s)  
(Position and title, if any)  
alleged in this complaint arose, was this defendant acting under color of state law?  
Yes ☐ No ☐ If your answer is "Yes", briefly explain:

- 3) Defendant \_\_\_\_\_ is a citizen of \_\_\_\_\_  
(Name of second defendant)  
\_\_\_\_\_, and is employed as \_\_\_\_\_  
(City, State)  
\_\_\_\_\_. At the time the claim(s)  
( Position and title, if any)  
alleged in this complaint arose, was this defendant acting under color of state:  
Yes ☐ No ☐ If your answer is "Yes", briefly explain:

(Use the back of this page to furnish the above information for additional defendants.)

- 4) Jurisdiction is invoked pursuant to 28 U.S.C. §1343(3), 42U.S.C. §1983. (If you wish to assert Jurisdiction under different or additional statutes, you may list them below.)

## B. NATURE OF THE CASE.

- 1) Briefly state the background of your case:

I was never on any medications other than Diazepam for Cervical Spondylosis. Degenerative Neck Disease From Years in USMC while carrying heavy gear. Decided to file for disability. Enrolled in VA and started multiple medication for some depression, Anxiety after MVA accident 2005. Unnecessary high doses were prescribed that started to take a toll on my life. Long term side effects outweighed the benefits medications. After medication to counter side effects led to falls and finally T.BE and general hospital. 217 visits from EFFEXOR withdrawal. No medication monitoring. No referrals from VA. Neglect after the fact. Adverse reactions.

## C. CAUSE OF ACTION

- 1) I allege that the following of my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary, you may attach up to two additional pages (8 1/2" x 11") to explain any allegation or to list additional supporting facts.

A)(1) Count I:

*Hypocritical OATH TREATING veterans (myself)  
Like a guinea pig (experimenting)  
Denied Physical Rehab at V.A. and other services  
NEVER TREATED Subdural Hematoma March 25 2016 Fall  
That Finally caused Permanent Impairment Ignored,*

- (2) Supporting Facts: (Include all facts you consider important, including names of persons involved, places and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.)

*Dr. DAVID J MANNO WAS OVERPRESCRIBING medications  
and Ignoring Adverse Reactions (significant)  
I have had to see numerous outside providers  
because of Neglect AFTER the FACT. Hypocritical oath to do no  
harm was NOT TAKEN Seriously, INACCURATE PORTAL OF EVENTS  
BIAS HAS PREVENTED CARE. TEAM IN SECBOC CLINIC HAS  
PREVENTED CARE. LACK OF CARE IS EVIDENT V.A. MISSED OR INTENDING  
did not provide care. Head Injury NEVER TRIAGED by V.A.*

B)(1) Count II:

*Iv also Filed 1151?  
Dr. MANNO (DAVID S.) did NOT communicate with primary care  
Physicians about medication side effects and were (accusatory  
Nurse Scott SANDAGER) some medications (most were started  
without my consent). (STILL have scripts, my Research  
proves deadly Interactions, Example ALFUSOSIN Sildenafil.*

- (2) Supporting Facts:

*Attached*

e) Approximate date of filing lawsuit: \_\_\_\_\_

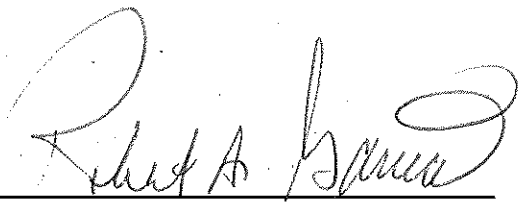
f) Approximate date of disposition: \_\_\_\_\_

- 2) I have previously sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part C. Yes ☐ No ☒ If your answer is "Yes", briefly describe how relief was sought and the results. If your answer is "No," briefly explain why administrative relief was not sought.

E. REQUEST FOR RELIEF

- 1) I believe that I am entitled to the following relief:

\_\_\_\_\_  
Signature of Attorney (if any)

  
\_\_\_\_\_  
Signature of Petitioner

Attorney's full address and telephone number.

C)(1) Count III:

AS STATED IN 1, 2 (COVER UP BY DOCTOR MANN) by Planned TAPAR OF Penla FAXINE after sever SIDE EFFECTS

(2) Supporting Facts: ATTACHED

D) PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

1) Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to the conditions of your imprisonment?

Yes ☐ No ☒ If your answer is "YES", describe each lawsuit. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

a) Parties to previous lawsuit.

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

b) Name of court and docket number:

c) Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

d) Issues raised: \_\_\_\_\_

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he is the plaintiff in the above action, that he has read the above complaint and that the information contained therein is true and correct. 28 U.S.C. Sec. 1746. 18 U.S.C. Sec. 1621.

Executed at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_  
(Location) (Date)

\_\_\_\_\_  
(Signature)